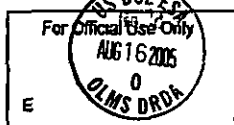


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>8896</u>	2 Fiscal Year Covered From <u>01/01/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing. Name <u>Robert O Lucido</u> P O Box, Bldg., Room No. if any _____ Street <u>69 Lexington Parkway</u> City <u>Pittsfield</u> State <u>MA</u> ZIP Code + 4 <u>01201</u>	4 Name, file number and address of labor organization Name <u>IUOE Local 98 Health & Welfare Fund</u> Labor Organization File Number <u>019823</u> P O Box Building and Room Number if any <u>PO Box 217</u> Street _____ City <u>East Longmeadow</u> State <u>MA</u> ZIP Code + 4 <u>01028</u>
5 Position in labor organization <u>Member of Executive Board</u>	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income. _____ 7 b. Amount _____

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert O Lucido

On

8-11-2005
Date

413-499-1049
Telephone Number

Name of Person Filing	Robert O Lucido	File Number U
-----------------------	-----------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name if any).</p> <p>Name <u>IUOE Local 98 Health & Welfare Fund</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg. Room No. if any <u>PO Box 217</u></p> <p>Street <u>Two Center Square</u></p> <p>City <u>East Longmeadow</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>01028</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b. or 9 c. is checked give trust or employer's name</p> <p>Name <u>IUOE Local 98 Health & Welfare Fund</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg. Room No. if any <u>PO Box 217</u></p> <p>Street <u>Two Center Square</u></p> <p>City <u>East Longmeadow</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>01028</u></p>	<p>11 a. Nature of such dealing.</p> <p><u>Fund Advance for Trustees' Conference February 2004</u></p> <p>11 b. Approximate dollar value of such dealing. <u>\$1,675.53</u></p> <p>12.a Nature of interest held or income received</p> <p>12.b Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg. Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b. Amount of payment.</p>

ROA